



FEB 05 2004 5:17PM

GLAXO WELLCOME

NO. 2282 P. 2/3

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23347 7590 11/07/2003

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Allyson K. Jacobs (Depositor's name)
Allyson K. Jacobs (Signature)
2/15/04 (Date)

Table with 5 columns: APPLICATION NO., FILING DATE, FIRST NAMED INVENTOR, ATTORNEY DOCKET NO., CONFIRMATION NO.
10/071,358 02/08/2002 Malcolm Clive Carter PG3416US2 2600

TITLE OF INVENTION: HETEROCYCLIC COMPOUNDS

Table with 6 columns: APPLN. TYPE, SMALL ENTITY, ISSUE FEE, PUBLICATION FEE, TOTAL FEE(S) DUE, DATE DUE
nonprovisional NO \$1330 \$300 \$1630 02/09/2004

Table with 3 columns: EXAMINER, ART UNIT, CLASS-SUBCLASS
TRUONG, TAMTHOM NGO 1624 \$14-266240

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"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rcv 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

John L. Lemancowicz
2
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(B) RESIDENCE: (CITY AND STATE OR COUNTRY): Philadelphia, PA

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entry government

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(Authorized Signature) (Date)
John L. Lemancowicz 2/15/04

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PTOL-85 (Rev. 10/03) Approved for use through 04/30/2004.

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GlaxoSmithKline

FAX

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Tel 919-483-9105 **Fax** 919-483-7988
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E-mail akj27836@glaxowellcome.com
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Date 05-Feb-2004 **Pages including cover** 3
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Subject Serial No.: 10/071,358;
.....
Filing Date: 2/8/02
.....

Glaxo Wellcome Inc.
PO Box 13398
Five Moore Drive
Research Triangle Park
North Carolina 27709
Tel: 919 483 2100
www.gsk.com

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